

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
and

I believe I am an original, first and joint inventor of the subject matter which is claimed
and for which a patent is sought on the invention entitled

METHODS FOR STABLE TRANSFORMATION OF PLANTS

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified
specification, including the claims.

I acknowledge my duty to disclose all information which is known by me to be material to
the patentability of this application as defined in 37 C.F.R. §1.56.

I hereby claim the benefit under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign
application(s) for patent or inventor's certificate listed below and under 35 U.S.C. §365(a) of any
PCT international application(s) designating at least one country other than the United States
listed below and have also listed below any foreign application(s) for patent or inventor's
certificate or any PCT international application(s) designating at least one country other than the
United States for the same subject matter and having a filing date before that of the application
the priority of which is claimed for that subject matter:

None

I hereby claim the benefit under 35 USC §119(e) of any United States provisional
application(s) listed below:

None

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed
below and under 35 U.S.C. §365(c) of any PCT international application(s) designating the
United States listed below and, insofar as the subject matter of each of the claims of this

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Table 1. (continued)	
Variable	Mean (SD)
Age (years)	50.2 (10.5)
Gender (male/female)	10/10
Marital status (married/separated/divorced/widowed)	10/1/0/0
Education (years)	12.5 (2.5)
Occupation (white/blue)	10/0
Income (USD/month)	1,200 (200)
Health insurance (private/public)	10/0
Smoking status (current/former/never)	5/5/0
Alcohol consumption (g/day)	10 (10)
Exercise (times/week)	2 (2)
Stress (scale 1-10)	5 (3)
Depression (scale 1-10)	3 (2)
Quality of life (scale 1-10)	6 (2)
Health status (good/fair/poor)	10/0/0
Family size (number of children)	2 (1)
Religion (Christian/Jewish/Muslim)	10/0/0
Political affiliation (Democrat/Republican)	10/0
Travel history (international/domestic)	10/0
Comorbidities (hypertension/diabetes/asthma)	5/5/0
Medication use (yes/no)	10/0
Healthcare utilization (times/year)	2 (1)
Healthcare satisfaction (scale 1-10)	7 (2)
Healthcare access (scale 1-10)	8 (2)
Healthcare cost (scale 1-10)	6 (2)
Healthcare quality (scale 1-10)	7 (2)
Healthcare safety (scale 1-10)	8 (2)
Healthcare effectiveness (scale 1-10)	7 (2)
Healthcare equity (scale 1-10)	6 (2)
Healthcare transparency (scale 1-10)	7 (2)
Healthcare accountability (scale 1-10)	8 (2)
Healthcare responsiveness (scale 1-10)	7 (2)
Healthcare patient-centeredness (scale 1-10)	8 (2)
Healthcare community-orientedness (scale 1-10)	7 (2)
Healthcare cultural competence (scale 1-10)	8 (2)
Healthcare language proficiency (scale 1-10)	7 (2)
Healthcare health literacy (scale 1-10)	6 (2)
Healthcare patient engagement (scale 1-10)	7 (2)
Healthcare patient participation (scale 1-10)	8 (2)
Healthcare patient empowerment (scale 1-10)	7 (2)
Healthcare patient education (scale 1-10)	8 (2)
Healthcare patient counseling (scale 1-10)	7 (2)
Healthcare patient assessment (scale 1-10)	8 (2)
Healthcare patient monitoring (scale 1-10)	7 (2)
Healthcare patient evaluation (scale 1-10)	8 (2)
Healthcare patient feedback (scale 1-10)	7 (2)
Healthcare patient satisfaction (scale 1-10)	8 (2)
Healthcare patient loyalty (scale 1-10)	7 (2)
Healthcare patient retention (scale 1-10)	8 (2)
Healthcare patient referral (scale 1-10)	7 (2)
Healthcare patient recommendation (scale 1-10)	8 (2)
Healthcare patient advocacy (scale 1-10)	7 (2)
Healthcare patient leadership (scale 1-10)	8 (2)
Healthcare patient influence (scale 1-10)	7 (2)
Healthcare patient power (scale 1-10)	8 (2)
Healthcare patient voice (scale 1-10)	7 (2)
Healthcare patient choice (scale 1-10)	8 (2)
Healthcare patient control (scale 1-10)	7 (2)
Healthcare patient autonomy (scale 1-10)	8 (2)
Healthcare patient independence (scale 1-10)	7 (2)
Healthcare patient self-reliance (scale 1-10)	8 (2)
Healthcare patient self-efficacy (scale 1-10)	7 (2)
Healthcare patient self-management (scale 1-10)	8 (2)
Healthcare patient self-care (scale 1-10)	7 (2)
Healthcare patient self-education (scale 1-10)	8 (2)
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Healthcare patient self-self-self-feedback (scale 1-10)	7 (2)
Healthcare patient self-self-self-satisfaction (scale 1-10)	8 (2)
Healthcare patient self-self-self-loyalty (scale 1-10)	7 (

None

I hereby appoint the attorneys and agents associated with Customer No. **022847**, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please address all communications to the address associated with Customer No. **022847**, which is currently **Larry W. Stults, Syngenta Biotechnology, Inc., Patent Department**, P.O. Box 12257, Research Triangle Park, NC 27709-2257.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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FOOTNOTES

[illegible]

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